FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P9400053710

1. Corporation Name

N.A.S.A. INC.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90199 047 ***150.00



Principal Place	e of Business	Mailing Add	iress								1
3403 LACEWOO	DD ROAD	3403 LACEWOOD ROAD TAMPA FL 33618									1
TAMPA FL 3361							DO NOT WRITE IN THIS SPACE				į
								111133	PACE		٦.
•							3. Date Incorporated or Qualifed				[;
							07/18/1994				4 1
2. Principal Pi	lace of Business	2a. Mailing Address					4. FEI Number		\vdash	pplied For	┨╏
21		26				·	59-3255546			lot Applicable	┤ !
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional	1
22		27								Required	-
City & State	e	City & State					- 8=Election Campaign Financing)-May-Be-	-
23		28					Trust Fund Contribution Added to Fees				
Zip	Country	Zip Cou			ntry	d. The supplemental and the su				1	
24	25 29 30		30			Personal Property Tax.				1	
h	9. Name and Address of Current	Registered Ag	ent				10. Name and Address of New Regis	tered A	gent		┤ '
					81	Name					
i	VD, HENRY R		82 Street Add			Street Addre	dress (P.O. Box Number is Not Acceptable)				1
	i Eagle Island Drive		OZ Street Aut			00017.00010					
l.ani	D O' LAKES FL 34639			Ì	83				<u> </u>		
									Teel 7:	0-4-	1
					84	City		FL	[85] Zip	Code	
11 Durement	to the provisions of Sections 607 0502	and 607.1508	Florida Statutes	the at	bove-	named corpo	pration submits this statement for the purp	ose of c	L hanging it	s registered	1
office or n	egistered agent, or both, in the State 0	if Florida. Such i	change was aut	nonzed	I DV T	ne corporation	n's board of directors. I hereby accept the	appoint	ment as r	egistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section	607.0505, Florid	da Statu	ites.						
SIGNATURE	Signature, typed or printed name of registered agent		/NOTE: E	anintared.	Amonte	rianature consided	1 when reinstating) 0	ATE	_		_ ا
12.	Signature, typed or printed name or registered agent		(NOTE: P	13.	Agents	signature required	ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN 12	11/98
TITLE	D .		☐ DELETE	1.1 7ITLE			7,0017,010,017,010		Change		1 =
\				1.2 NAME							1 -
NAME	BARNETT, TIMOTHY A					000000					F034
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TITLE	D			2.1 717					C Cliarige		
NAME	HILL, HERBERT ENREST			2.2 NA	ME						
STREET ADDRESS	7304 N HOWARD AVENUE			2.3 ST	REETA	DDRESS					
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NAME						DDDECC					
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NAME				6.2 NA							
STREET ADDRESS				6.3 ST	REETA	DORESS					1
CITY-ST-ZIP				64.00	TY-ST-	ZIP					1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address, with all other like impowered.

SIGNATURE:

Daytime Phone #